

County of San Diego

Mental Health Services Act (MHSA)
Community Services & Supports (CSS)

ALL-6 Work Plan
(Formerly CY-4.1, A-7, and OA-3)

/*EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY												
County: San Diego		Fiscal Year: 2005-06, 06-07 & 07-08		Program Work Plan Name: Mental Health and Primary Care Services Integration								
Program Work Plan: CY-4.1 (also links with A-7 and OA-3)				Estimated Start Date: April 1, 2006 (Contract execution date)								
<p>1a) A brief description of the program: MHSA funds will be used to pay for mental health assessment and treatment services to children/youth and their families at various community health clinic settings across San Diego County that also provide mental health services. Services will be coordinated and managed through a master contract with the Council of Community Clinics and will be open to all community clinics within San Diego County willing to abide by the terms of the contract. All contracted clinics will be either Federally Qualified Health Centers (FQHCs) or Indian Health Services (IHS) clinics.</p>												
<p>1b) Identification of the age and situational characteristics of the priority population to be served in this program: Children and youth, who are seriously emotionally disturbed, and their families who have been identified by the gap analysis, community input and the MHSA Child/Youth Workgroup as being unserved. Prospective clients are currently receiving physical health care services at community clinics but are not currently receiving needed mental health assessment and treatment services because they are un-insured.</p>												
<p>1c) Identification of strategies for which you will be requesting MSHA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.</p>				1d) Fund Type				1d) Age Group				
				FSP	Sys Dev	O E	OTO	C Y	T A Y	A	O A	A L L
<p>1c)</p> <ul style="list-style-type: none"> ✓ Integrated physical and mental health services by providing services via primary care community clinics. Will provide mental health assessment, information, referral and brief mental health services; ✓ Model supports collaboration between mental health and primary care and other physical care providers to improve integrated services; ✓ Community based program to increase access to care in a normative setting for those who may be more responsive to services in health care settings; 				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> ✓ Individualized, culturally competent, and strength based assessment and treatment plans with families/youth actively involved in the development of the treatment plan; ✓ Community clinics are located across San Diego County in rural, urban, and suburban communities and neighborhoods; ✓ Community clinics serve a broad diverse population. Individual clinics may serve ethnic groups representative of the community and neighborhood in which they are located; ✓ Training on wraparound principles and approach, domestic violence and co-occurring disorders (CCISC model) will be provided to clinical staff; ✓ Services will screen for dual diagnosis and, at a minimum, include screening, assessment, and referral, a wellness, strength-based and resilience focus, wraparound approach, assess for domestic violence, address in treatment or refer for services when appropriate, and will adhere to San Diego County's Cultural Competence standards; <p>Training to Primary Care providers regarding the mental health system will be developed. Note: this is not funded under this project Work Plan but will be covered under separate One Time Only Training funds.</p>									
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2) Please describe in detail the proposed program for which you are requesting MHSA finding and how that program advances the goals of the MHSA.

The County of San Diego is proposing to utilize the many community clinics in San Diego County to provide mental health treatment services to children and adolescents and their families. Services will be targeted toward uninsured families. The Service modality will be coordinated through a master agreement with the Council of Community Clinics to manage the authorization of care and provide general system management. The Council of Community Clinics will develop sub-contracts with individual clinic providers and reimburse for services provided by staff of the participating clinic organizations on a fee-for-service basis and authorize treatment and payment for necessary medications. The Council of Community Clinics represents the consortium of community clinics and Indian Health Services providers in San Diego County. The Council of Community Clinics was selected as the provider and coordinator of this program because they already serve in this role for the County for specialist care for Ryan White

funds for the County of San Diego Office of AIDS Coordination and for dental services for San Diego County's First Five Commission.

San Diego County elected to pursue this program model because there are already 13 clinic organizations (9 community clinics and 4 Indian Health Services' provides) that offer mental health services at 27 different locations throughout San Diego County. At this point, it has not been determined exactly how many of the clinics will participate in the program although all clinics have expressed a strong interest in partnering with the County for this MHSA component especially since it will be focused on families with no other health coverage.

The goal of this program is to provide integrated care between the primary care provider and the mental health provider within the same clinic structure. Due to lack of coverage, many patients seen by the primary care providers appear to be in need of mental health care, but there have been no means to fund the assessment and treatment.

This work plan is specific to Children and Youth. However, similar services are envisioned to Adults (work plan A-7) and Older Adults (work plan OA-3) also utilizing the Council of Community Clinics as the coordinating entity among all participating clinics. The Older Adult Work Plan has some additional outreach components but all three are designed to improve coordination and integration of primary care and mental health services.

The existing network of providers includes:

- a) Family Health Centers of San Diego. Seven different sites serving zip codes 92103, 92113, 92109, 92115, 92101, 91977, and 92104.
- b) Imperial Beach Health Center. One site serving 91932.
- c) Indian Health Council (Indian Health Services-IHS). Two sites serving 92082 and 92070 zip codes. Both zip codes are in rural areas of the County.
- d) La Maestra Community Health Centers. One site serving 92105 zip code.
- e) Mountain Health and Community Services. Three sites serving rural east San Diego County including zip codes 91901, 91934 and 91906.
- f) Neighborhood Health Care. One site serving the 92025 zip code.
- g) North County Health Services. Two sites serving 92054 and 92069 zip codes.

- h) San Diego American Indian Health Center (IHS). One urban site serving zip code 92103.
- i) San Diego Family Care. Three sites serving 92111 and 92105. There are separate adult and pediatric sites to serve the 92105 zip code.
- j) San Ysidro Health Center. One site serving 92173 zip code.
- k) Southern Indian Health Council (IHS). One site serving the 91903 zip code.
- l) Sycuan Medical/Dental Center (IHS). One site serving the 92019 zip code.
- m) Vista Community Clinic. Three sites serving 92084, 92054 and 92083 zip codes.

As a general rule, regular clinic hours are Monday through Friday from 8 A.M. to 5 P.M. However, clinics will normally have one or two days a week where they are open until at least 7 P.M. or later and some of the larger clinic sites will be open on Saturdays, to provide increased access to working families.

Target Population: The target population is Children and Youth, who are seriously emotionally disturbed, and their families who have been identified by the gap analysis, community input and the MHSA Child/Youth Workgroup as being unserved. Prospective clients are currently receiving physical health care services at community clinics but are not currently receiving needed mental health assessment and treatment services because they are uninsured.

Program Goals: Integrated physical and mental health services by providing services via primary care community clinics.

Types of Services to be performed: Services to be performed include mental health assessment, information, referral and brief mental health services. Council of Community Clinics will manage the allocation of service funds for both assessment, treatment, medications and even outreach, if needed. They will authorize treatment after receipt of assessment.

What will the Services promote: The Services will promote community based program to increase access to care in a normative setting for those who may be more responsive to services in health care settings. Individualized, culturally competent, and strength based assessment and treatment plans with families/youth actively involved in the development of the treatment plan.

Number of clients estimated to be served: An estimated 635 annually will be served annually. All patients referred will be entitled to an assessment. If the assessment indicates they need treatment, services will be authorized. During the initial 3 months of the program an estimated 159 will be served.

Where will the clients come from: From with the existing patient population at community clinics. Patients will be receiving physical health care but are uninsured and not receiving mental health treatment although such treatment may be needed.

- 3) **Describe any housing or employment services to be provided.** The program will not be directly involved in the provision of either housing or employment services. Community Clinics will make referrals to appropriate community resources should specific issues be identified. For example, clinics will refer to the nearest County Family Resource Center for access and screening regarding other services the County Health and Human Services Agency might provide in that region.
- 4) **Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.** This is not a Full Service Partnership program, it is Outreach and Engagement.
- 5) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.** This a unique program in that the clients are seeking medical care at a community clinic and as part of the clinic's effort to provide care they have identified possible issues related to mental health that should be addressed if the client is to be treated in a holistic manner. Since the target population are the uninsured, it is likely that the mental health issues have not been addressed. For children and youth, the issues may be identified as part of preventative health care visits or as part of the many health education activities that clinics participate in both within the clinic and the community. For example, community clinics regularly participate in community health fairs in the community and they may come in contact with families that need comprehensive care. Another example may be a teenager who may be treated for some injury in a recreational or sporting activity and the nurse and/or physician becomes aware of some other emotional or mental health issues that warrant a referral for assessment.

A key component of this project will be providing training to primary care providers on how to identify potential emotional or mental health issues that would warrant referral for assessment. Separate from the funds identified for this work plan activity, the County of San Diego will be allocating One Time Only training funds for specific training for Primary Care providers. The Council of Community Clinics is specifically interested in coordinating the training for all participating clinics. In order to maximize participation of all clinics in a County as large as San Diego County, trainings will be de-centralized to the various regions of San Diego County as much as possible.

The contracts will specify the expectations regarding training.

- 6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.** This is a new program in terms of providing services at community clinic sites and a new strategy of trying to integrate physical health care and mental health care within the same program.
- 7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.** Community clinics have long been involved in utilizing clients and family members within their service delivery model wherever possible. There are a great many people who, because of their own positive experience with community clinics as patients, later went to work for community clinics either as staff or in some volunteer capacity. As medical model programs, many of the medical staff do need appropriate professional credentials. However, many former clients have joined clinic staff in a support capacity or have become community outreach workers working for individual clinics.

In addition, all clinic organizations have Boards of Directors that include consumer representatives. Feedback from those consumer representatives on Clinic Boards regarding the implementation of this model will be incorporated into the evaluation of this program. In addition, the Council of Community Clinics, as the lead contractor for this program will conduct a series of client/family focus groups to elicit direct client/family member input on the program.

- 8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

The Health and Human Services Agency is organized into 6 geographic regions across the County. An Executive Level staff (Deputy Director – Regional General Manager) is responsible for one or more of the geographic regions. Each Regional General Manager has initiated a collaborative model within each region to bring stakeholders, including providers, into partnership with the County to discuss key issues of each region. Community Clinics have been participating in the Regional Collaboratives since the Health and Human Services Agency (HHSA) was established in the late 1990s. These Regional Collaboratives include the full spectrum of health and social services agencies as well community stakeholders. With the creation of a HHSA Behavioral Health Division merging Adult/Older Adult Mental Health, Children’s Mental Health and Alcohol and Drug Services, there will be greater participation of mental health and alcohol and drug service providers into the Regional Collaboratives. This will facilitate greater coordination with the community clinics.

This project will enable the County to specifically address access for Native Americans within San Diego County. All of the existing Indian Health Services clinic organizations are members of the Council of Community Clinics. The four Indian Health Service providers include three rural organizations (Indian Health Council, Southern Indian Health Center, Sycuan Medical Center) and one Indian Health Services provider (San Diego American Indian Health Center) which targets Native Americans living in the urban areas.

It is also the expectation that the addition of the MHSA funded Mental Health/Primary Care Integration model will facilitate greater collaboration between the clinics and traditional mental health providers and the County.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.** Clinics serve an ethnically diverse population across San Diego. Globally the primary care clinics who are members of the Council of Community Clinics serve a largely minority population broken down as follows: 57% Hispanic, 3% Asian, 6% African-American, 25% White, and 9% Other. The large percentage of Other reflects the large number of multi-racial persons seen at community clinics. These numbers do not include the Native American population served at the four Indian Health Services provider agencies. These numbers do not also include the patients seen by Family Health Centers of San Diego which operates in several neighborhoods with significant African American populations. Since the communities seen by FHCS also have many Spanish speaking families,

95% of the FHCSO Mental Health Staff are bi-lingual. Individual clinics may have different ethnic mixes. For example, San Diego Family Care, with clinics in the Linda Vista and Mid-City neighborhoods the City of San Diego serves a high percentage of Indo-Chinese and other Asian groups. La Maestra Clinic which is also located in the Mid City neighborhood served primarily Hispanics in the area but also serves various Asian/Pacific Islander populations.

Community Clinics have individually adopted strategies to address serving culturally and linguistically diverse communities as they have developed in order to provide appropriate primary care services. Clinics have embraced the “promotora” model of training community health workers as a viable means to reach out to the community. Community workers have been used for purposes such as diabetes education, Healthy Families and Medi-Cal enrollment outreach, and in the North County, outreach to migrant agricultural workers. In addition to ethnic minorities, Mountain Health and Community Services has been a leader in developing effective strategies to reach out to rural populations in Eastern San Diego County.

10)Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls. Contracting with Community clinics will provide a unique opportunity to utilize provider organizations that have considerable experience with these specific target populations. Community Clinics are one of the leading providers of medical services for the County Office of AIDS coordination for primary care services under the Ryan White Act. This role has enabled the clinics to establish strong working relationships with social service agencies serving the Lesbian, Gay, Bisexual and Transgender (LGBT) communities of San Diego County. The clinics have been involved with Ryan White funding for over 15 years and this involvement has made them trusted partners with the LGBT community.

As an example, FHCSO policies include recruitment procedures and standards for representation of the community served; these policies address cultural sensitivity, diversity, and inclusiveness. On-going clinic supervision of mental health staff also addresses the cultural issues of each clinical case, with culture and diversity issues routinely discussed in weekly individual and group supervision meetings. Within the past year, FHCSO staff have attended external trainings; a sample of these topics: Latino Culture, Muslim Culture, African-American Culture, Asian Culture, Hearing Impaired Culture, Transgender Culture, Disabled Culture and Native American Culture.

In addition, the community clinics serve approximately 40% of all families enrolled in Medi-Cal managed care in San Diego County (Healthy San Diego Geographic Managed Care model). Community Clinics are also a significant provider of services to Healthy Families and CHDP services in San Diego County. Since 2/3 of enrollees in Medi-Cal Managed Care are children (both boys and girls) and Healthy Families and CHDP are exclusively boys and girls, community clinic providers have significant institutional knowledge of the specific needs of families and how to best address those needs.

11)Describe how services will be used to meet the service needs for individuals residing out-of-county.

This program will provide services to in-county residents only.

12)If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

All strategies are listed in Exhibit IV.

13)Please provide a timeline for this work plan, including all critical implementation dates.

<u>Activity</u>	<u>Date</u>
Approval by the Board of Supervisors of the MHSA CSS plan and approval of the sole-source contract with the Council of Community Clinics	12/13/05
Development of draft Statement of Work by County staff	January, 2006
Preliminary meeting – Council of Community Clinics and Clinic Directors	2/13/06
Contract Finalized	3/31/06
Implementation and start-up period	4/1/06 to 4/30/06
Services begin to clients	5/01/06

/*EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY											
County: San Diego		Fiscal Year: 2005-06, 06-07 & 07-08		Program Work Plan Name: Mental Health and Primary Care Services Integration							
Program Work Plan: A - 7 (also links with CY 4.1 and OA-3)				Estimated Start Date: April 1, 2006 (Contract execution date)							
1a) A brief description of the program: MHSA funds will be used to pay for mental health assessment and treatment services to children/youth and their families at various community health clinic settings across San Diego County that also provide mental health services. Services will be coordinated and managed through a master contract with the Council of Community Clinics and will be open to all community clinics within San Diego County willing to abide by the terms of the contract. All contracted clinics will be either Federally Qualified Health Centers (FQHCs) or Indian Health Services (IHS) clinics.											
1b) Identification of the age and situational characteristics of the priority population to be served in this program: Adults, who are seriously mentally ill (SMI), and their families who have been identified by the gap analysis, community input and the MHSA Adult Workgroup as being un-served. Prospective clients are currently receiving physical health care services at community clinics but are not currently receiving needed mental health assessment and treatment services because they are uninsured.											
1c) Identification of strategies for which you will be requesting MSHA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.				1d) Fund Type				1d) Age Group			
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2) Please describe in detail the proposed program for which you are requesting MHSA finding and how that program advances the goals of the MHSA.

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for Ryan White funds for the County of San Diego Office of AIDS Coordination and for dental services for San Diego County's First Five Commission.

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The goal of this program is to provide integrated care between the primary care provider and the mental health provider within the same clinic structure. Due to lack of coverage, many patients seen by the primary care providers appear to be in need of mental health care, but there have been no means to fund the assessment and treatment.

This work plan is specific to Adults, but is linked to Children/Youth (work plan CY 4.1), and Older Adults (work plan OA-3). The Council of Community Clinics will be utilized as the coordinating entity among all participating clinics. The Older Adult Work Plan has some additional outreach components but all three are designed to improve coordination and integration of primary care and mental health services.

The existing network of providers includes:

- a) Family Health Centers of San Diego. Seven different sites serving zip codes 92103, 92113, 92109, 92115, 92101, 91977, and 92104.
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Target Population: Adults who are seriously mentally ill, and their families who have been identified by the gap analysis, community input and the MHSA Adult Workgroups as being unserved. Prospective clients are currently receiving physical health care services at community clinics but are not currently receiving needed mental health assessment and treatment services because they are un-insured.

Program Goals: Integrated physical and mental health services by providing services via primary care community clinics.

Types of Services to be performed: Services to be performed include mental health assessment, information, referral and brief mental health services. Council of Community Clinics will manage the allocation of service funds for both assessment, treatment, medications and even outreach, if needed. They will authorize treatment after receipt of assessment.

What will the Services promote: The services will promote community based program to increase access to care in a normative setting for those who may be more responsive to services in health care settings. Individualized, culturally competent, and strength based assessment and treatment plans with families/youth actively involved in the development of the treatment plan.

Number of clients estimated to be served: An estimated 700 annually will be served annually. All patients referred will be entitled to an assessment. If the assessment indicates they need treatment, services will be authorized. During the initial 3 months of the program an estimated 175 will be served.

Where will the clients come from: From with the existing patient population at community clinics. Patients will be receiving physical health care but are uninsured and not receiving mental health treatment although such treatment may be needed.

- 3) **Describe any housing or employment services to be provided.** The program will not be directly involved in the provision of either housing or employment services. Community Clinics will make referrals to appropriate community resources should specific issues be identified. For example, clinics will refer to the nearest County Family Resource Center for access and screening regarding other services the County Health and Human Services Agency might provide in that region.
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It is also the expectation that the addition of the MHSA funded Mental Health/Primary Care Integration model will facilitate greater collaboration between the clinics and traditional mental health providers and the County.

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Community Clinics have individually adopted strategies to address serving culturally and linguistically diverse communities as they have developed in order to provide appropriate primary care services. Clinics have embraced the “promotora” model of training community health workers as a viable means to reach out to the community. Community workers have been used for purposes such as diabetes education, Healthy Families and Medi-Cal enrollment outreach, and in the North County, outreach to migrant agricultural workers. In addition to ethnic minorities, Mountain Health and Community Services has been a leader in developing effective strategies to reach out to rural populations in Eastern San Diego County.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls. Contracting with Community clinics will provide a unique opportunity to utilize provider organizations that have considerable experience with these specific target populations. Community Clinics are one of the leading providers of medical services for the County Office of AIDS coordination for primary care services under the Ryan White Act. This role has enabled the clinics to establish strong working relationships with social service agencies serving the Lesbian, Gay, Bisexual and Transgender (LGBT) communities of San Diego County. The clinics have been involved with Ryan White funding for over 15 years and this involvement has made them trusted partners with the LGBT community.

As an example, FHCSD policies include recruitment procedures and standards for representation of the community served; these policies address cultural sensitivity, diversity, and inclusiveness. On-going clinic supervision of mental health staff also addresses the cultural issues of each clinical case, with culture and diversity issues routinely discussed in weekly individual and group supervision meetings. Within the past year, FHCSD staff have attended external trainings; a sample of these topics: Latino Culture, Muslim Culture, African-American Culture, Asian Culture, Hearing Impaired Culture, Transgender Culture, Disabled Culture and Native American Culture.

In addition, the community clinics serve approximately 40% of all families enrolled in Medi-Cal managed care in San Diego County (Healthy San Diego Geographic Managed Care model). Community Clinics are also a significant provider of services to Healthy Families and CHDP services in San Diego County. Since 2/3 of enrollees in Medi-Cal Managed Care are children (both boys and girls) and Healthy Families and CHDP are exclusively boys and girls, community clinic providers have significant institutional knowledge of the specific needs of families and how to best address those needs.

11)Describe how services will be used to meet the service needs for individuals residing out-of-county.

This program will provide services to in-county residents only.

12)If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

All strategies are listed in Exhibit IV.

13)Please provide a timeline for this work plan, including all critical implementation dates.

<u>Activity</u>	<u>Date</u>
Approval by the Board of Supervisors of the MHSA CSS plan and approval of the sole-source contract with the Council of Community Clinics	12/13/05
Development of draft Statement of Work by County staff	January, 2006
Preliminary meeting – Council of Community Clinics and Clinic Directors	2/13/06
Contract Finalized	3/31/06
Implementation and start-up period	4/1/06 to 4/30/06
Services begin to clients	5/01/06

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY										
County: San Diego County		Fiscal Year: 2005-06, 2006-07, 2007-08		Program Work Plan Name: Mental Health Services and Primary Care Services Integration (OE) REVIEWED AND REVISED 3.5.06						
Program Work Plan #: OA-3 (linked to CY -4 & A- 7)			Estimated Start Date: April 1, 2006 (contract execution date)							
<p>1a) Description of Program: This program will provide integrated mental health services in primary health care community clinics. Two service components will be provided 1) Depression and other mental disorders and 2) Co-morbid depression and diabetes services (Project Dulce and Impact Program)</p>										
<p>1b) Priority Population: Unserved and Underserved older adult with serious mental illnesses (SMI) aged 60 years and older that are ethnically diverse and include Latinos and Asian Pacific Islander who are not accessing mental health services due to system barriers. This program will serve approximately 455 clients and seek to address the health care disparities among ethnically diverse individuals with mental health, physical health care needs and/or substance abuse disorders. In accordance with AB599, veterans are eligible for this program</p>										
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)				Fund Type			Age Group			
				FSP	Sys Dev	OE	CY	TAY	A	OA
<p>1c)</p> <ul style="list-style-type: none"> ✓ Culturally and linguistically appropriate health care outreach and engagement, education, chronic disease management, social service referrals, advocacy and transportation provided by Volunteer Senior Peer (client/family)/ Community Health Workers; ✓ Comprehensive and integrated collaborative screening, assessment for mental health and substance abuse, brief intervention (Problem Solving Therapy- In Primary Care) , linkages, information and referral; ✓ Individual and group education and support groups for clients, family and caregivers, and coordinated volunteer respite for family and caregiver, provided by senior peer and family members. ✓ Training via one-time funds for Primary Care providers on evidence-based and promising clinical practices for coordination and integration of mental health and primary care. Training will cover clinical practice guidelines, screening/assessment protocols (including for alcohol and drug problems, and domestic violence), chronic disease management and cultural 				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

competence. ✓ Training and technical assistance for the implementation and evaluation of the IMPACT + Dulce Pilot project (Evidence-based integrated management of Depression and Diabetes).							
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2) Proposed Program: This is a new program to be contracted out via Sole Source Contract.

San Diego County Mental Health Services gap analysis has demonstrated that approximately 5,500 older adults are unserved or underserved due to system and access barriers. This program increases access to care and decreases healthcare disparities by providing integrated mental health services in primary care services to Latino and Asian Pacific Islanders in a non –stigmatizing setting that is more consistent with how ethnically diverse populations seek health services.

The County of San Diego is proposing to utilize the many community clinics in San Diego County to provide mental health treatment services to older adults and their families. Services will be targeted toward uninsured clients. Service modality will be coordinated through a master agreement with the Council of Community Clinics to manage the authorization of care and provide general system management. The Council of Community Clinics will develop sub-contracts with individual clinic providers and reimburse for services provided by staff of the participating clinic organizations on a fee-for-service basis and authorize treatment and payment for necessary medications. The Council of Community Clinics represents the consortium of community clinics and Indian Health Services providers in San Diego County. The Council of Community Clinics was selected as the provider and coordinator of this program because they already serve in this role for the County for specialist care for Ryan White funds for the County of San Diego Office of AIDS Coordination and for dental services for San Diego County's First Five Commission.

San Diego County elected to pursue this program model because there are already 13 clinic organizations (9 community clinics and 4 Indian Health Services' provides) that offer mental health services at 27 different locations throughout San Diego County. At this point, it has not been determined exactly how many of the clinics will participate in the program although all clinics have expressed a strong interest in partnering with the County for this MHSA component especially since it will be focused on families with no other health coverage.

The goal of this program is to provide integrated care between the primary care provider and the mental health provider within the same clinic structure. Due to lack of coverage, many patients seen by the primary care providers appear to be in need of mental health care, but there have been no means to fund the assessment and treatment.

The existing network of providers includes:

- a) Family Health Centers of San Diego. Seven different sites serving zip codes 92103, 92113, 92109, 92115, 92101, 91977, and 92104.
- b) Imperial Beach Health Center. One site serving 91932
- c) Indian Health Council (Indian Health Services-IHS). Two sites serving 92082 and 92070 zip codes. Both zip codes are in rural areas of the County.
- d) La Maestra Community Health Centers. One site serving 92105 zip codes.
- e) Mountain Health and Community Services. Three sites serving rural east San Diego County including zip codes 91901, 91934 and 91906.
- f) Neighborhood Health Care. One site serving the 92025 zip code.
- g) North County Health Services. Two sites serving 92054 and 92069 zip codes.
- h) San Diego American Indian Health Center (IHS). One urban site serving zip code 92103.
- i) San Diego Family Care. Three sites serving 92111 and 92105. There are separate adult and pediatric sites to serve the 92105 zip code.
- j) San Ysidro Health Center. One site serving 92173 zip codes.
- k) Southern Indian Health Council (IHS). One site serving the 91903 zip code.
- l) Sycuan Medical/Dental Center (IHS). One site serving the 92019 zip code.
- m) Vista Community Clinic. Three sites serving 92084, 92054 and 92083 zip codes.

The Contractor for this program will be responsible for the management of the MHSA Mental Health Specialty Pool. These pooled funds will be for specialty outpatient mental health services in Primary Care Clinics through the authorization of requests and payment of resulting invoices for mental health services. The MHSA Mental Health Specialty Pool is intended to pay for medically necessary, diagnostic, therapeutic outpatient services and medication support service for Seriously Emotionally Disturbed older adults for whom there is not other funding source (Medi-Cal, Medi-care, CMS, private insurance etc) for these services.

As the fiscal agent, the Contractor for this program will be responsible for:

- ✓ Subcontracting with Primary Care Clinic specialty providers and will ensure that a broad, geographically and culturally and linguistically competent panel of services providers is available at participant clinics,
- ✓ Via the one-time funds included in the workplan, Coordinating initial and ongoing training for: a) Senior Peer Promotores/ Community Health Educators, b) Primary Care Providers, c) training for the IMPACT=Dulce pilot project.

- ✓ Securing Board Certified Geriatric psychiatrist to provide consultation and technical assistance with the implementation different program component: a) mental health services, b) medication managements) IMPACT+ Dulce Pilot, d) training for staff and training for Primary Care providers, e) Clinical supervision to Community Clinics Staff, f) and as needed, to provide direct services to treatment resistant clients.
- ✓ The Contractor for these services will provide administrative services Monday through Friday, from 8:00 a.m. to 5 p.m. daily, and ensure that sub-contracted Primary Care Community Clinics in addition to regular hours of operation maintain flexible evening and weekend hours available to clients. Any changes or modification of established and agreed upon days and hours will be done in coordination and with prior County's written approval.

Services to be provided included but will not be limited to:

- ✓ Culturally and linguistically competent health care outreach, education and engagement, and individual and group Peer Support and transportation services: These services will be provided by trained volunteers as Senior Peer Promotores/Community Health Educators and services will be conducted in senior's home and in places in the community where older adults and their families normally gather (ethnic communities, churches, social services agencies, community clinics): a) Senior Peer Promotores/Educators will provide information, education and advocacy on how to navigate the mental health system to clients and family members, b) They will provide peer support to family/caregivers to help them through difficult times, c) and will also provide door to door transportation to doctor's appointments and other needed services for clients and families residing in areas where public transportation is infrequent or not available, to ensure client and family/caregiver timely access to services. One time funding has been included in this procurement for the purchase of one vehicle with wheelchair capacity.
- ✓ Comprehensive and integrated collaborative screening, assessment: Subcontractor will be required to provide age appropriate and culturally and linguistically competent comprehensive and integrated screening and bio-psychosocial assessment for mental health, substance abuses, domestic violence and medical needs. Specific areas for screening will include: a) sensory perception (hearing and vision), b) Fall/accident prevention, c) diabetes, d) diet and exercise, e) immunizations, f) sexuality, g) dementia, h) medication, i) alcohol /drug use, j) cognitive decline, k) Activities of Daily Living (ADLs), l) Instrumental Activities of Daily Living (IDL's), m) Social Issues, n) Caregiver Burden, o) Depression and Suicide Risk.
- ✓ Linkages, Information and Referral: When clients identified needing full range of services and support, staff at community clinics will provide clients and family/caregivers with appropriate referrals to services such as: community mental health, social services, self-help, housing and employment services. All Community Clinics will maintain an up to date and readily available listing of community resources adequate to meet the needs of older adults.

- ✓ Treatment: Primary Care Clinics evidence-based depression treatment for two population groups will be also provided: 1) 255 older adults with depression and other mental illness will receive medication management, problem solving skills training, individual and group supportive therapy and 2) 200 additional older adults with co-morbid depression and diabetes will be assigned a Dedicated Care Manager (DCM) that will be responsible for educating client about depression and diabetes, monitoring symptoms and provide counseling for depression, this as part of the IMPACT + Dulce Pilot project.
- ✓ Training for Senior Peer Promotores/Health Educators: In coordination with the MHS Older Adult Mental Health Coordinator, Contractor will coordinate an eighty (80) hours training for sixty (60) seniors and/or to family/caregivers interested in providing outreach, education and emotional support to others seniors and their families, and to licensed professionals interested in providing training, clinical supervision and support to cultural /ethnic and linguistic specific senior Peer Promotores/health educator programs. This training curricula will include but not be limited to the following topics: 1) Senior Peer Promotor (a) /Community Health Educators: Definition, characteristic, role, work environment and cultural issues, 2) Cultural competent Outreach, engagement, education, community resources, linkages, information and referral with older adults , 3) Senior Peer Counseling Skills and Confidentiality; 4) The aging process ,5) Older Adult Mental Health, 6) Medications Use and Misuse, 7) Substance Abuse, 8) Wellness, habilitation, recovery and self-sufficiency, 9) Care Management and Record Keeping, 10) Family/ care-giver support. One time funds for training curricula, materials and other related expenses to the provision of this training is included with this procurement.
- ✓ Training for Primary Care Providers: In partnership with local academic institutions, Contractor will develop and implement a Primary Care /Mental Health Provider Training Curricula. Primary Care Providers will receive training and education that supports increased coordination and integration of mental health in primary care and other health services. Training for health care and mental health providers in primary care settings will include but will not be limited to: 1) Older Adult Mental Health and Aging process, 2) Clinical Practice Guidelines; 3) Screening /Assessment Protocols (to include protocols for alcohol, substance abuse and domestic violence); 4) Title 9 medical necessity criteria for mental health and referral and liaison with San Diego County Mental Health Services (SDCMHS), 5). Chronic disease management; 6) Cultural Competence. Training for Primary Care provider will also include specialized training in Geriatric Mental Health, Evidence-based practices and Integration and Coordination of Mental Health services in Primary Care settings. One time funding for the provision of this training curricula, materials and other related expenses has been included with this procurement.

This program advances MHSA goals by increasing access to integrated services experience for Unserved and Underserved older adults mental health and reducing ethnic disparities in healthcare and particular efforts will be made to outreach to unserved and underserved Latino and Asian and Pacific Islander eligible clients residing in all six (6) Health and Human Services Agency (HHS) in regions. To demonstrate that Mental Health and Primary Care Integration program goals and objectives are met, as stipulated in the contract, Contractor will implement County established Data Reporting System and will submit a Program Status Report in monthly basis to the County Mental Health Contract Administration Unit and to designated Program Monitor.

3) Housing/Employment Services:

For clients needing either employment or housing services only, staff will provide with appropriate referrals to either existent or new MHSA funded Employment Services to be implemented, or to existent County and City Housing services.

4) Full Service Partnership: this program is not a FSP. Providers will ensure that eligible clients are linked to the MHSA /FSP for Older Adults (OA-1)

5) Recovery Goals:

The San Diego County AOAMHS System Redesign Implementation Plan approved by the Board of Supervisors in 1999 and the Older Adult Mental Health Implementation Plan, approved by the Board of Supervisors in October 2000 are both initiatives that have began the transformation of the system of care based on bio-psychosocial rehabilitation and recovery (BPSR) principles and practices that have proven to be effective in reducing psychiatric hospitalization and assisting mental health clients to become more productive community members. This program will advance the goals of recovery by offering and providing services that are client-centered and developmentally and culturally/linguistically appropriate, comprehensive and integrated with a broad array of services; that are individualized to each client and build on the client's strengths; that are provided in the least restrictive and most appropriate setting; that are coordinated both at the system and service delivery levels; that involve clients as full partners in their treatment and care; and that ensure that client rights are protected while ensuring that designed services/interventions are helping clients, family/caregivers and providers achieve their goals.

Recovery and Rehabilitation are incorporated through out the different components of this workplan. The services provided by Senior Peer Promotores/ Family Community Health Workers (outreach, engagement, transportation and educational activities) promote recovery and self-sufficiency and IMPACT's Problem Solving Therapy in Primary care (PST-PC) empowers individuals and their families and promotes involvement and responsibility in the self-management of health conditions by targeting specific problems, helping client define treatment goals and identify time limited interventions and taking a high degree of ownership and responsibility for solving their own problems.

Contractor has already in place a Program Advisory Group (PAG) that includes client, family, providers and community stakeholder representatives of all communities they serve. The PAG will include at least 51 percent clients, and shall reflect the ages and cultures of the client population served by this program. The County Program Monitor will periodically attend PAG meetings.

6) Expanding Existing Program: This is a new program.

7) Services and Supports provided by Clients and/or Family Members:

The Contractor for this program will be required to develop and implement policies and procedures involving the hiring and training qualified staff to include clients and families and will ensure that all staff receives the relevant training and supervision appropriate amount and type to ensure client safety and support to maximize client gains and functioning.

Contractor will coordinate recruitment, hiring and training of at least 1 FTE paid and 10 volunteer Senior Peer/Family Promotores/Community Health Educators per region. The 1 paid client/family member will be responsible for the coordination of Volunteer Senior Peer Promotor/Educator Services. The services provided by volunteers will be outreach, education and advocacy on how to navigate the mental health system to clients and family members, peer support to family/caregivers to help them through difficult times, and will also provide door to door transportation to doctor's appointments and other needed services.

8) Collaboration Strategies:

In addition to addressing the needs of Latino and Asian older adults, this program will enable the County to address access for Native Americans within San Diego County. All of the existing Indian Health Services clinic organizations are members of the Council of Community Clinics. The four Indian Health Service providers include three rural organizations (Indian Health Council, Southern Indian Health Center, Sycuan Medical Center) and one Indian Health Services provider (San Diego American Indian Health Center) which targets Native Americans living in the urban areas.

It is also the expectation that the addition of the MHSA funded Mental Health/Primary Care Integration model will facilitate greater collaboration between the clinics and traditional mental health providers and the County.

Another example of collaboration will be the IMPACT + Dulce Pilot that will be implemented and operated through collaboration with San Diego County Health and Human Services, SDMHS, Project Dulce, University of California, San Diego, the Council of Community Clinics, the Hospital Association of San Diego and Imperial Counties, The center for health Strategies (CHCS), and The California Endowment the IMPACT+ Dulce Pilot Project will be implemented. The California Endowment is providing \$455,000 in funding for pilot implementation and evaluation of the Project Dulce+ IMPACT as a model of collaborative treatment of depression and diabetes. CHCS has awarded \$50,000 for program development and evaluation under their Medicaid Value program. This is one of ten projects nationwide chosen for this prestigious award, which involves consultation with nationally recognized experts in population –based management of chronic disease. The goal is to demonstrate the effectiveness, feasibility, and cost of establishing this co-integrated model within the organizational and financial structures of primary care clinics. A successful evaluation will provide evidence supporting wider implementation in additional clinics.

9) Cultural Competence/Ethnic Disparities:

Contractor for this program will implement services to meet the needs of the target population , Unserved and Underserved older adult with serious mental illnesses (SMI) aged 60 years and older that are ethnically diverse and include Latinos and Asian Pacific Islander who are not accessing mental health services due to system barriers.

The Contractor for these services will be responsible to ensure that all services interventions meet San Diego County Clinical Standards and will ensure that services are responsive to the population to be served: **Latino and Asian older adults and other ethnically diverse older adults**

- ✓ Subcontractors providing these will ensure that services are culturally competent and specially tailor to serve the diverse backgrounds of the clients in the geographic regions .
- ✓ Culturally and linguistically competent community outreach and education activities will be conducted by trained Senior Peer Promotores/ Community Health Workers in client's primary language. Senior Peer Promotores' role will be to serve as Cultural Brokers and to educate older adults, their families, and community and primary care providers about client's mental health needs.
- ✓ Staff conducting clinical activities (Screening, Assessment and Treatment) will understand the racial, ethnic, and cultural demographics of the older adult population to be served; will develop expertise a minimum of two of the most frequently served groups; and will match client with counselor of similar background;
- ✓ Subcontractors plan for recruiting, hiring, retaining and training of workforce will target at least 50% of all direct services subcontracted staff (included peer/family specialist) be bilingual and bi-cultural in at least the San Diego county threshold languages (Spanish, Vietnamese, English).
- ✓ Subcontractor will have in place a plan to evaluate staff's level of language competence and language utilization of County Contracted Interpreting /translation services when program staff has no capability to speak a client's language.
- ✓ It will be responsibility of the Council of Community Clinics to demonstrate that Subcontractors have integrated cultural competence standards described in the San Diego County Mental Health Services Cultural Competence Plan by providing County Contract Monitor (in July and January) with appropriate data to support these efforts.

To support efforts for further develop Culturally Competent Evidence –base Treatments for older adults of a diverse ethno /cultural background, providers will collect accurate data to inform Contractor and program staff about needed changes at the program and service levels. Contractor will also be required to collect data to include gender, age, ethnicity, socioeconomic status, linguistic proficiency, geographic area of residency and sexual orientation.

As part of the County CCS, all staff will complete Cultural Competency training and in the discharge of duties and responsibilities will demonstrate possessing the cultural sensitivity, awareness, knowledge and skills necessary to serve the clients in the all six San Diego County geographic regions.

The following are San Diego County Cultural Competence Clinical Standards that Contractor will be required to follow: 1) Providers engage in a culturally competent community needs assessment,2) Providers engage in community outreach to diverse communities based on the needs assessment.,3) Providers create an environment that is welcoming to diverse communities,4) Staffing at all levels, clinical, clerical, and administrative, shall be representative of the community served,5) There is linguistic capacity & proficiency to communicate effectively with the population served,6) Use of interpreter services is appropriate and staff are able to demonstrate ability to work with interpreters as needed.,7) Staff shall demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation,8) Staff shall demonstrate knowledge about a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors, include faith-based, in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices,9) Cultural factors are integrated into the clinical interview and assessment,10) Staff take into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic and life experiences context of the client,11) Culture-specific consideration consistent with the cultural values and life experiences of the client shall be integral in the intervention and shall be reflected in progress notes, treatment planning and discharge planning,12) Psychiatrists consider the role of cultural factors (ethnopsychopharmacology) in providing medication services,13) Providers promote an environment that encourages staff to conduct self-assessment as a learning tool.,14) Staff actively seek out educational, consultative and multicultural experiences, including a minimum of 4 hours of cultural competence training annually.

10) Sexual orientation and Gender Sensitivity:

The needs assessment study on LGBT conducted by Alliance healthcare Foundation (2004) found that one- thirds of all 306 seniors surveyed reported concerns about feeling “sad” or “depressed” and 8.5 % reported feeling “suicidal”. More than one in five (21.8%) of the 306 individuals interviewed reported attending individual therapy or counseling sessions. Another 5% reported needing but having no access to mental health services. As the leading provider of Primary care services under Ryan White Act for over 15 years, Community health clinics are well positioned to establish working relationships with social service agencies serving the Lesbian, Gay, Bisexual and Transgender (LGBT) communities of San Diego County and to help address the unique needs of this population.

San Diego gap analysis has demonstrated older adult women from these two ethnic groups are underrepresented in the mental health system. Given also the successful tack record of primary care clinics providing services to underrepresented communities

makes them the natural partner to assist and support County efforts to increase access to care for older adult women of Latino and Asian backgrounds.

On-going individual and group clinic supervision and external training of mental health staff and LGBT and gender issues will be required. Contractor will also be responsible for the coordination of all required training for staff on Gay Lesbian and Transgender issues, and to ensure that sub-contracted services provided are gender sensitive and that intervention utilized to address the psychosocial needs of clients (women and men) reporting gay, lesbian and /or transsexual sexual preferences and culturally appropriate.

11) Individuals Residing Out-of-County: This program will be focused on in-county residents from urban and rural areas. Clients returning from out-of-county placements will be linked to this program as part of their discharge plan.

12) Strategies not listed in Section IV:

All strategies are listed in Section IV.

13. Timeline for Implementation

<u>Task / Activity</u>	<u>Time Period</u>
<u>2005</u>	
<u>Allocation request to BOS</u>	<u>November, 2005</u>
<u>Board of Supervisors Approval</u>	<u>December 2005</u>
<u>Plan Submission</u>	<u>December 2005</u>
<u>2006</u>	
Procurement process begin	January 2006
Sole Source process begin	February, 2006
Contract executed	April, 2006
Start Up activities: (contingent to plan approval) April -June, 2006	
Facilities & Equipment	
Staff hired	
Staff trained	

Services begin:	
Outreach and engagement services fully deployed	June 2006
Full range of services provided to __# of participants	December 2006